Division of Health Licensing

County: Greenwood

Facility Type: Adult Day Care

Facility Name Location Street Location City, State Administrator/Phone

License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee

Licensed Unit

60

GREENWOOD ACTIVE DAY CENTER

228 NORTHCREEK BLVD GREENWOOD, SC 29649

BONDS, KAREN PH#: 864-388-0045 Fac. Cont. Email: KBONDS@ACTIVEDAY.COM ADC-0123 / 10/31/2009 Greenwood / Corporation 228 NORTHCREEK BLVD

GREENWOOD, SC 29649 ACTIVE SC ONE INC

Number of Participants 60

Totals For Facility/License Type Adult Day Care

Number of Activities/Facilities licensed:

Number Licensed Units

County: Greenwood

Facility	Type:	Ambulatory	Surgery
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Number of Activities/Facilities licensed:

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee Licensed Unit
GREENWOOD ENDOSCOPY CENTER INC	ASF-0022 / 05/31/2009 4
103 LINER DR	Greenwood / Corporation
GREENWOOD, SC 29646	103 LINER DR
RAMAGE III, ALBERT A PH#: 864-227-3838	GREENWOOD, SC 29646
Fac. Cont. Email:TINAPONDER@GMAIL.COM	GREENWOOD ENDOSCOPY CENTER INC
Operating Rooms 0 Procedure R	ooms 0 Endoscopy Rooms 4
SURGERY CENTER AT SELF MEMORIAL HOSPITAL LLC	ASF-0055 / 05/31/2009 5
101 ACADEMY AVE	Greenwood / Ltd. Liability
GREENWOOD, SC 29646-0000	101 ACADEMY AVE
HINRICHS, CAROL A PH#: 864-725-7500	GREENWOOD, SC 29646
Fac. Cont. Email:CAROLHINRICHS@TOSCGREENWOOD.COM	SURGERY CENTER AT SELF MEMORIAL HOSPITAL LLC
Operating Rooms 5 Procedure R	ooms 0 Endoscopy Rooms 0
Totals For Facility/License Type Ambulatory	Surgery

2

2

Number Licensed Units

County: Greenwood

Facility Type: Body Piercing

Facility Name Location Street Location City, State Administrator/Phone

License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee

Licensed Unit

PLEASURE POINTS 204-A MONTAGUE AVE

GREENWOOD, SC 29646

NELSON, GEORGE T PH#: 864-266-3119 Fac. Cont. Email:No Fac Cont. email on record BP-0209 / 04/30/2009 Greenwood / Sole Proprietorship 204-A MONTAGUE AVE

GREENWOOD, SC 29646

NELSON, GEORGE T

Totals For Facility/	License Type Body P:	iercing		
Number of Activities/Fa	acilities licensed:	1 Number	Licensed Units	1

County: Greenwood

Facility T	ype: Commun:	ity Residential	Care	Facility
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Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee L	icensed Unit
ASHLEY HOUSE	CRC-1404 / 11/30/2009	44
526 HALTIWANGER RD	Greenwood / Corporation	
GREENWOOD, SC 29649	526 HALTIWANGER RD	
MOORE, BRENT PH#:	GREENWOOD, SC 29649	
Fac. Cont. Email:No Fac Cont. email on record	ASSISTED LIVING CONCEPTS INC	
Certifications:None		
BAYBERRY OF GREENWOOD	CRC-0589 / 05/31/2009	23
116 ABBEY DR GREENWOOD, SC 29646	Greenwood / Limited Liability Limit Partnership 116 ABBEY DR	ed
GAMBRELL, CATHY B PH#: 864-223-6510	GREENWOOD, SC 29646	
Fac. Cont. Email: THEBAYBERRY@NCTV.COM	EVERGREEN VILLAGES LIMITED PARTNERSHIP	
Grantification allebain G		
Certifications:Alzheimer Care EMERALD GARDENS OF GREENWOOD	CRC-1378 / 03/31/2010	66
201 OVERLAND DR		00
	Greenwood / Ltd. Liability 201 OVERLAND DR	
GREENWOOD, SC 29646		
PATTERSON, MICHAEL L PH#: 864-953-2174 Fac. Cont. Email: MPATTERSON@PREMIERS1.COM	GREENWOOD, SC 29646 EDEN GARDENS OF GREENWOOD LLC	
Fac. Cont. Email: MPAILERSON@PREMIERS1.COM	EDEN GARDENS OF GREENWOOD LLC	
Certifications:Alzheimer Unit		
MORNINGSIDE OF GREENWOOD	CRC-1088 / 04/30/2010	49
116 ENTERPRISE CT	Greenwood / Limited Liability Limit Partnership	ed
GREENWOOD, SC 29649	116 ENTERPRISE CT	
AMERSON, KATHERINE D PH#: 864-388-9433	GREENWOOD, SC 29649	
Fac. Cont. Email: KAMERSON@5SQC.COM	MORNINGSIDE OF GREENWOOD L P	
Certifications:None		
OLD HOMEPLACE INC	CRC-1423 / 01/31/2010	5
711 SCOTCH CROSS RD - E	Greenwood / Non-Profit Corporation	
GREENWOOD, SC 29646	711 SCOTCH CROSS RD - E	
HANSEN, SYLVIA J PH#: 864-227-0074	GREENWOOD, SC 29646	
Fac. Cont. Email:No Fac Cont. email on record	OLD HOMEPLACE INC	
Certifications:None		
QUIET ACRES RETIREMENT HOME	CRC-0588 / 05/31/2009	10
2968 OLD DOUGLAS MILL RD	Greenwood / Sole Proprietorship	
HODGES 29653	2968 OLD DOUGLAS MILL RD	
JOHNSON, MINNIE G PH#: 864-459-9892	HODGES, SC 29653	
Fac. Cont. Email:QUIETACRESRESTHOME@YAHOO.COM	MINNIE G JOHNSON	
Certifications:None		

County: Greenwood

Facility Type: Commun	ity Residential	Care	Facility
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Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee	Licensed Unit
STERLING HOUSE OF GREENWOOD	CRC-1309 / 12/31/2009	52
1408 PKWY RD	Greenwood / Corporation	
GREENWOOD, SC 29646	1408 PKWY RD	
ARMSTRONG, ASHLEY PH#: 864-223-2281	GREENWOOD, SC 29646	
Fac. Cont. Email:No Fac Cont. email on record	BROOKDALE SENIOR LIVING COMMUNITIES IN	IC
Certifications:Alzheimer Care		
WARE SHOALS MANOR	CRC-1457 / 10/31/2009	24
10 N GREENWOOD AVE	Greenwood / Ltd. Liability	
WARE SHOALS, SC 29692	10 N GREENWOOD AVE	
MORTON, EMMA M PH#: 864-456-7127	WARE SHOALS, SC 29692	
Fac. Cont. Email:No Fac Cont. email on record	HARMONY RESIDENTIAL CARE CENTER LLC	
Certifications:None		
WESLEY COMMONS ASSISTED LIVING FACILITY AND SPECIAL CARE	CRC-1218 / 08/31/2009	56
HOUSE 1110 MARSHALL RD	Greenwood / Non-Profit Corporation	1
GREENWOOD, SC 29646	1110 MARSHALL RD	
HOLMES, KIMBERLY K PH#: 864-227-7250	GREENWOOD, SC 29646	
Fac. Cont. Email: KHOLMES@WESLEYCOMMONS.ORG	WESLEY COMMONS	
Certifications: Alzheimer Unit, Alzheimers Care		

Totals For Facility/License Type Community	y Residential Care Facility
Number of Activities/Facilities licensed:	9 Number Licensed Units 329

County: Greenwood

Facility Type: Habilitation R15

Facility Name License Nbr/Expiration Date Location Street County/Ownership Typ Mailing/Billing Addres Location City, State Administrator/Phone Licensed Unit Licensee DR DON LESTER PEOPLES COMMUNITY RESIDENCE MR15-0133 / 11/30/2009 8 1 GRIFFIN DR Greenwood / State WARE SHOALS, SC 29692 PO BOX 4706 TOLSON, TINA PH#: 864-456-7662 COLUMBIA, SC 29240-4706 Fac. Cont. Email:No Fac Cont. email on record SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0111 / 08/31/2009 HENRY & FREIDA BONDS HABILITATION CENTER 8 Greenwood / State 310 JENKINS SPRING RD GREENWOOD, SC 29646-8617 PO BOX 4706 MCGRIER, NICOLE PH#: 864-942-8942 COLUMBIA, SC 29240-4706 Fac. Cont. Email: No Fac Cont. email on record SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS J FELTON BURTON COMMUNITY RESIDENCE MR15-0072 / 05/31/2009 308 JENKINS SPRINGS RD Greenwood / State GREENWOOD, SC 29646-8617 PO BOX 4706 COLUMBIA, SC 29240-4706 MCGRIER, NICOLE PH#: 864-942-8943 Fac. Cont. Email: No Fac Cont. email on record SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS WARE SHOALS HABILITATION CENTER I MR15-0132 / 11/30/2009 3 GRIFFIN DR Greenwood / State WARE SHOALS, SC 29692 PO BOX 4706 TOLSON, TINA PH#: 864-456-3465 COLUMBIA, SC 29240-4706 Fac. Cont. Email:No Fac Cont. email on record SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

Totals For Facility/License Type Habilitation R15		
Number of Activities/Facilities licensed: 4 Number Licensed Units	32	

County: Greenwood

Facility Type: Home Health

Facility Name License Nbr/Expiration Date Location Street County/Ownership Typ Location City, State Mailing/Billing Addres

Administrator/Phone Licensee Licensed Unit

HOME CARE OF HOSPICECARE OF THE PIEDMONT HHA-0134 / 09/30/2009 408 W ALEXANDER AVE Greenwood / Corporation

GREENWOOD, SC 29646 408 W ALEXANDER AVE CORLEY, NANCY B PH#: 864-227-9393 GREENWOOD, SC 29646

Fac. Cont. Email:NCORLEY@HOSPICEPIEDMONT.ORG HOSPICE CARE OF THE PIEDMONT INC

Counties Served Abbeville, Greenwood, Laurens, McCormick, Saluda

License Restrictions FOR THE TERMINALLY ILL ONLY

Physical Therapy N Speech Therapy: N Occupational Therapy N Med. Social Services Y

Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment Y

Other:

HHA-0049 / 01/31/2010 HOME HEALTH SERVICES OF SELF REGIONAL HEALTHCARE

1123 SPRING ST Greenwood / Non-Profit Corporation

GREENWOOD, SC 29646 1325 SPRING ST

RUSSELL, LINDA H PH#: 864-725-7600 GREENWOOD, SC 29646 SELF MEMORIAL HOSPITAL INC Fac. Cont. Email:LRUSSELL@SELFREGIONAL.ORG

Counties Served Abbeville, Greenwood, Laurens, McCormick, Saluda

License Restrictions

Physical Therapy Y Speech Therapy: Y Occupational Therapy Y Med. Social Services Y

Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N

Other:

NHC HOMECARE - GREENWOOD HHA-0182 / 06/30/2009

615 S MAIN ST Greenwood / Limited Liability Limited

Partnership GREENWOOD, SC 29646 PO BOX 3636

THOMAS, SHANNON J PH#: 864-229-9888 GREENWOOD, SC 29648-1708

Fac. Cont. Email:No Fac Cont. email on record NHC/OP LP

Counties Served Greenwood

License Restrictions

Physical Therapy Y Speech Therapy: Y Occupational Therapy Y Med. Social Services Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N

Other: DIETARY CONSULTATION

WESLEY COMMONS HOME HEALTH CARE HHA-0202 / 02/28/2010

1110 MARSHALL RD Greenwood / Non-Profit Corporation

GREENWOOD, SC 29646 1110 MARSHALL RD HOLMES, KIM PH#: 864-227-7250 GREENWOOD, SC 29646

Fac. Cont. Email: JCOGAN@WESLEYCOMMONS.ORG WESLEY COMMONS

Counties Served Greenwood, Special Note - SERVING CAMPUS RESIDENTS ONLY

License Restrictions SERVING CAMPUS RESIDENTS ONLY

Physical Therapy Y Speech Therapy: Y Occupational Therapy Y Med. Social Services Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment Y

7

Other:

County: Greenwood

Facility Type: Home Health

Facility Name Location Street Location City, State Administrator/Phone License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee

Licensed Unit

Totals For Facility/License Type Home Health		
Number of Activities/Facilities licensed: 4	Number Licensed Units	12

County: Greenwood

Facility Type: Hospice Facility

Facility Name Location Street Location City, State Administrator/Phone License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee

Licensed Unit

15

HOSPICE HOUSE OF HOSPICECARE OF THE PIEDMONT INC

408 W ALEXANDER AVE GREENWOOD, SC 29646

CORLEY, NANCY B PH#: 864-227-9393

Fac. Cont. Email:NCORLEY@HOSPICEPIEDMONT.ORG

HPF-0002 / 05/31/2009

Greenwood / Non-Profit Corporation

408 W ALEXANDER AVE GREENWOOD, SC 29646

HOSPICECARE OF THE PIEDMONT INC

Totals For Facility/License Type	Hospice	Facility				
Number of Activities/Facilities lice	ensed:	1	Number Licensed	Units	15	

Division of Health Licensing

County: Greenwood

Facility Type: Hospice Program

Facility Name Location Street Location City, State Administrator/Phone License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee

Licensed Unit

HOSPICECARE OF THE PIEDMONT INC

408 W ALEXANDER AVE GREENWOOD, SC 29646

CORLEY, NANCY B PH#: 864-227-9393

Fac. Cont. Email:NCORLEY@HOSPICEPIEDMONT.ORG

 $\mathtt{HPC-0010} \ / \ 05/31/2009$

7 / -- - 51: --

 ${\tt Greenwood} \ / \ {\tt Non-Profit} \ {\tt Corporation}$

408 W ALEXANDER AVE GREENWOOD, SC 29646

HOSPICECARE OF THE PIEDMONT INC

Counties Served Abbeville, Edgefield, Greenwood, Laurens, McCormick, Newberry, Saluda

Totals For Facility/License Type Ho	Ospice Program		
Number of Activities/Facilities licens	sed: 1	Number Licensed Units	7

County: Greenwood

Facility Type: Hospital or Institutional General Infirmary

Facility Name License Nbr/Expiration Date
Location Street County/Ownership Typ
Location City, State Mailing/Billing Addres

Administrator/Phone Licensee Licensed Unit

GREENWOOD REGIONAL REHABILITATION HOSPITAL HTL-0903 / 10/31/2009

1530 PKWY Greenwood / Ltd. Liability

GREENWOOD, SC 29646 1530 PKWY

KAGLE, TIM PH#: 864-330-9070 GREENWOOD, SC 29646

Fac. Cont. Email:TIMKAGLE@ERNESTHEALTH.COM GREENWOOD REGIONAL REHABILIATION HOSPITAL LLC

Licensed Beds: General: 0 Psychistric: 0 Rehab: 34 Substance Abuse 0

Other Beds NICU: 0 Neonatal Special Care 0

Certifications: JCAHO Accredited

SELF REGIONAL HEALTHCARE HTL-0038 / 12/31/2009 414

1325 SPRING ST Greenwood / County
GREENWOOD, SC 29646-3860 1325 SPRING ST

PFEIFFER, JAMES A PH#: 864-725-4111 GREENWOOD, SC 29646-3860

Fac. Cont. Email:No Fac Cont. email on record GREENWOOD COUNTY HOSPITAL BOARD

Licensed Beds: General: 354 Psychistric: 36 Rehab: 0 Substance Abuse 24

Other Beds NICU: 7 Neonatal Special Care 11

Certifications: Abortions, Trauma Center Level III, Perinatal Level III, JCAHO Accredited

Totals For Facility/License Type Hospital or Institutional General Infirmary

Number of Activities/Facilities licensed: 2 Number Licensed Units 448

County: Greenwood

Facility Type: Nursing Home

Facility Name License Nbr/Expiration Date
Location Street County/Ownership Typ
Location City, State Mailing/Billing Addres

Administrator/Phone Licensee Licensed Unit

GREENWOOD TRANSITIONAL REHABILITATION UNIT NCF-0944 / 10/31/2009

1530 PKWY Greenwood / Ltd. Liability

GREENWOOD 29646 1530 PKWY

KAGLE, TIM PH#: 864-330-9070 GREENWOOD, SC 29646

Fac. Cont. Email:TIMKAGLE@ERNESTHEALTH.COM GREENWOOD REGIONAL REHABILIATION HOSPITAL LLC

Licensed Beds Nursing Home 12 Institutional Nursing Home

Certifications:None

HEALTH CARE CENTER OF WESLEY COMMONS NCF-0304 / 03/31/2010 102

1110 MARSHALL RD Greenwood / Non-Profit Corporation

GREENWOOD, SC 29646 1110 MARSHALL RD
HOLMES, KIMBERLY K PH#: 864-227-7250 GREENWOOD, SC 29646

Fac. Cont. Email:KHOLMES@WESLEYCOMMONS.ORG WESLEY COMMONS

Licensed Beds Nursing Home 102 Institutional Nursing Home 0

Certifications:None

MAGNOLIA MANOR - GREENWOOD NCF-0866 / 08/31/2009 88

1415 PKWY Greenwood / Ltd. Liability

GREENWOOD, SC 29646-0000 1415 PKWY

GOFORTH, EDITH C PH#: 864-227-9500 GREENWOOD, SC 29646-4044

Fac. Cont. Email: SEE DIRECTIONS THI OF SOUTH CAROLINA AT GREENWOOD L L C

Licensed Beds Nursing Home 88 Institutional Nursing Home 0

Certifications:None

NHC HEALTHCARE GREENWOOD NCF-0802 / 06/30/2009 152

437 E CAMBRIDGE AVE Greenwood / Ltd. Liability

GREENWOOD, SC 29646-3109 PO BOX 3109

SELLARS, RICHARD A PH#: 864-223-1950 GREENWOOD, SC 29648

Fac. Cont. Email:RSELLARS@NHCGREENWOOD.COM NHC HEALTHCARE/GREENWOOD LLC

Licensed Beds Nursing Home 152 Institutional Nursing Home 0

Certifications: Alzheimer Care

Totals For Facility/License Type Nursing Home

Number of Activities/Facilities licensed: 4 Number Licensed Units 354

County: Greenwood

Facility Type: PSAD Outpatient

Facility Name Location Street Location City, State Administrator/Phone License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee

OTP-0029 / 09/30/2009

Greenwood / County

Licensed Unit

CORNERSTONE
1510 SPRING ST
GREENWOOD, SC 29646

GREENWOOD, SC 29646

MATTHEWS, DAVID D PH#: 864-227-1001

Fac. Cont. Email:DMATTHEWS@CORNERSTONECARES.ORG

1510 SPRING ST

GREENWOOD, SC 29646

GREENWOOD-EDGEFIELD-MCCORMICK-ABBEVILLE COMMISSION ON

Certifications:None

Totals For Facility/License Type PSAD Outpatient			
Number of Activities/Facilities licensed: 1	Number Licensed Units	4	

Division of Health Licensing

County: Greenwood

Facility Type: Renal Dialysis

Facility Name Location Street Location City, State Administrator/Phone

License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee

Licensed Unit

41

GREENWOOD DIALYSIS

109 OVERLAND DR

GREENWOOD, SC 29646-4053 BOWSER, DEBRA PH#: 864-227-6011

Fac. Cont. Email:No Fac Cont. email on record

ERD-0026 / 12/31/2009

Greenwood / Corporation

C/O TOTAL RENAL CARE-LICENSURE/CERT, 5200

VIRGINIA WAY

BRENTWOOD, TN 37027

DVA HEALTHCARE RENAL CARE INC

Licensed Stations: Hemodialysis: Peritoneal: 41 2

Totals For Facility/License Type Renal Dialysis

Number of Activities/Facilities licensed:

Number Licensed Units

County: Greenwood

Facility Type: Tattoo Facility

Facility Name Location Street Location City, State Administrator/Phone	License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee	Licensed Unit
7 SINS TATTOO	TF-0011 / 07/31/2009	3
204-B MONTAGUE AVE	Greenwood / Sole Proprietorship	
GREENWOOD, SC 29649	204-B MONTAGUE AVE	
BRANDT, KAREN L PH#: 864-223-3583	GREENWOOD, SC 29649	
Fac. Cont. Email: KLBPP@WEBTB.NET	KAREN L BRANDT	
SPLIT SICK INK	TF-0078 / 09/30/2009	3
3204 C HWY 25 S	Greenwood / Sole Proprietorship	
GREENWOOD, SC 29646	3204C HWY 25 S	
CASON, LEVI C PH#: 864-337-8565	GREENWOOD, SC 29646	
Fac. Cont. Email:SPLITSICKSWAYZ@YAHOO.COM	CASON, LEVI C	

Totals For Facility/License Type Tattoo Facility

Number of Activities/Facilities licensed: 2 Number Licensed Units 6

Number of Activities/Facilities licensed in county of Greenwood # Lics 33

Number Licensed Units: 1,318

Report Total

Total Number of Activities/Facilities licensed 33 Total Number Licensed Units 1,318